

Case Number:	CM15-0115340		
Date Assigned:	06/23/2015	Date of Injury:	12/20/1999
Decision Date:	07/29/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old who sustained an industrial injury on December 20, 1999. They have reported low back pain and bilateral hip pain on 4/30/15. Patient have been diagnosed with lumbar spondylosis without myelopathy, right lumbar radiculopathy with neuroclaudication, degenerative disc disease lumbar spine, and failed conservative therapies for pain control. Treatment has consisted of physical therapy, medications, chiropractic care, and ESI. The lumbar spine had tenderness from L3 to L5 level bilaterally. There was bilateral lumbar facet tenderness at L4-5 and L5-S1 level. Range of motion of the lumbar spine was very limited. Straight leg test was positive on the right side on 45 degree elevation of the leg. The treatment request included Baclofen. The patient has had MRI of the low back on 3/18/15 that revealed disc protrusion and foraminal narrowing, facet hypertrophy and degenerative changes. The medication list include Roxicodone and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Baclofen 10mg tablet 3 times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
ANTISPASTICITY DRUGS- Baclofen: page 64 Muscle relaxants (for pain) Page 63.

Decision rationale: Baclofen 10mg tablet 3 times a day #90. Baclofen (Lioresal, generic available): After a professional and thorough review of the documents, my analysis is that the above listed issue: Baclofen is a muscle relaxer used to treat muscle symptoms caused by multiple sclerosis, including spasm, pain, and stiffness. According to California MTUS, Chronic pain medical treatment guidelines, Baclofen, "it is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The date of injury for this patient is 12/20/99. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guidelines skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the medical necessity of Baclofen 10mg tablet 3 times a day #90 is not established for this patient.